

MATERNAL AND CHILD HEALTH ADVISORY BOARD (MCHAB)
February 8, 2008

BOARD MEMBERS PRESENT

Raquel Knecht, MA, Vice Chairperson
Senator Maggie Carlton
Bonnie Sorenson, RN, BSN, Southern Nevada Health District (SNHD), Proxy
Assemblywoman Peggy Pierce
Michelle Kling, RN, MS
Tyree G Davis, DDS, Dental Director, Nevada Health Centers, Proxy
T.J. Rosenberg, Nevada Parents Encouraging Parents (NV PEP), Proxy
Marsha Matsunaga-Kirgan, MD, Proxy

BOARD MEMBERS ABSENT

Beverly Neyland, MD, Chairperson
Holly T. Ashley, MD, Proxy
Lou Palma, MHD

NEVADA STATE HEALTH DIVISION STAFF PRESENT

Judith Wright, Chief, Bureau of Family Health Services (BFHS)
Kyle Devine, Child and Adolescent Health Coordinator, BFHS
Brad Towle, Health Program Specialist (HPS) 2, BFHS
Muriel Kronowitz, Perinatal Substance Abuse Prevention (PSAP) Coordinator, BFHS
Key James, HPS1, Women, Infant and Children (WIC), BFHS
Tami Smith, Administrative Assistant (AA) 4, BFHS

OTHERS PRESENT

Janice Smith, Director, Healthy Beginnings, North Vista Hospital (NVH)
John Whaley, Chief of Business Lines, Division of Health Care Financing Policy (DHCFP)
Betsy Aiello, Chief, Nevada Check Up, DHCFP
Lisa Lottritz, Public Health Nurse (PHN), Washoe County District Health Department (WCDHD)
Leslie Elliott, Senior Epidemiologist, WCDHD
Keith Zupnik, MD, Project Coordinator, Childhood Lead Poisoning Prevention Program (CLPP), Southern Nevada Health District (SNHD)
Gwen Osburn, Community Health Nurse (CHN) Manager, SNHD
Daniel Heintz, MD, University of Nevada School of Medicine (UNSOM)
Angela Berg, RN, Patient Advocate, Candlelighters
Lopa Shan, MD, UNSOM
Linda Anderson, Deputy Attorney General, Attorney General's (AG) Office
Denise Tanata-Ashby, Executive Director, Nevada Institute for Children's Research and Policy (NICRP), University of Nevada Las Vegas (UNLV)

CALL TO ORDER

Raquel Knecht called to order the Maternal and Child Health Advisory Board (MCHAB) meeting at **9:40 a.m.** videoconferenced from the Bureau of Family Health Services (BFHS), Carson City, and the Grant Sawyer Building, Las Vegas. This was a public meeting and the public was invited to make comments. In accordance with the Nevada Open Meeting Law, this meeting was posted at the following locations: BFHS, Carson City; Nevada State Health Division (NSHD), Carson City; Nevada State Library and Archives, Carson City; Southern Nevada Health District (SNHD), Las Vegas; Elko County Library, Elko; Grant Sawyer Building, Las Vegas and the NSHD website at <http://health.nv.gov>.

Introductions were made around the table.

REPORT ON BOARD APPOINTMENTS

Judy Wright reported the Governor had not been doing appointments and that members needing appointments will have to be a Proxy, and will possibly remain this way until April. Ms. Wright stated the members needing appointments are Dr. Tyree Davis, Dr. Holly Ashley, Dr. Marsha Matsunaga-Kirgan, Bonnie Sorenson and T.J. Rosenberg.

APPROVAL OF THE DECEMBER 7, 2007 MINUTES

Michelle Kling motioned to approve the minutes from the December 7, 2007 meeting and Dr. Davis seconded. **MOTION APPROVED**

UPDATE ON MEDICAID MANAGED CARE INCLUDING IMMUNIZATION RATES

John Whaley stated there are very little changes of importance at this time. Mr. Whaley stated Healthcare Effectiveness Data and Information Set (HEDIS) for Medicaid managed care and fee for service (FFS) demonstrated that managed care provides better services. Mr. Whaley stated Managed Care had completed lead screening studies and is in the process of dividing data by ethnicity. Mr. Whaley stated the Attention Deficit Disorder (ADD) expansion of Managed Care had been placed on hold and they are instead, proceeding with the Temporary Assistance for Needy Families (TANF) Child Health Assurance Program (CHAP) in five additional counties, which will mean 97% of TANF/CHAP population will be Managed Care. Mr. Whaley stated the periodontal coverage for pregnant women had not had much response but will continue to be promoted through dental providers and stated prior authorization for twelve separate dental procedures will be removed. Mr. Whaley stated Medicaid will cover orthodontia for children for psychological reasons which have to be determined by a professional psychiatrist or school counselor. Mr. Whaley stated information on covered services is listed on the Medicaid website, as well as, a Welcome to Medicaid packet for parents. Mr. Whaley stated Logisticare had been providing 30,000 rides per month with 3,200 riders per month for their health care visits. Mr. Whaley stated due to budget cuts it is difficult to do any research on specific programs. Betsy Aiello stated there is a quarterly newsletter sent out to all providers with updated information to inform patients.

UPDATE ON NEVADA CHECK UP INCLUDING REAUTHORIZATION, SURVEYS ON UNINSURED CHILDREN AND IMMUNIZATIONS

Ms. Aiello stated there are 29,896 enrolled in Nevada Check Up for the month of February. Ms. Aiello stated there is no reauthorization from the federal level, but in December 2007 a continuing resolution to fund the program through March 2009 was passed. Ms. Aiello stated it is not possible to give a definite number of uninsured children eligible for Nevada Check Up and stated several organizations have done studies (Kaiser Family Foundation, Robert Wood Johnson Report, US Census Bureau and Great Basin Primary Care Association (GBPCA)), all showing different results. Ms. Aiello stated the Division of Health Care Financing and Policy (DHCFP) works closely with the NSHD for Vaccines for Children provided through the federal Vaccines For Children (VFC) program. Ms. Aiello stated this program pays for vaccines for eligible children and although Nevada Check Up is viewed as a private medical program, it still receives the vaccines through the same process as the Vaccines for Children program; the funding is just through the Nevada Check Up program. Ms. Aiello stated DHCFP works with both the NSHD and Managed Care Organizations (MCO) to facilitate vaccinations and assisted the NSHD immunization program with their Fraud and Abuse policy, as well as, exhibit booths and monthly meetings. Ms. Aiello stated the MCO have agreed to assist the NSHD to provide a Lunch and Learn for providers with topics in customer service, VFC, the Registry, vaccine administration, billing and coding. Ms. Aiello stated there are HEDIS measures for childhood immunizations.

PRESENTATION ON THE GASTROSCHISIS CLUSTER INVESTIGATION IN WASHOE COUNTY

Leslie Elliott stated gastrochisis had been increasing since the 1970's with a significant increase since 1990. Ms. Elliott stated in a 15 year period (1991-2005) Washoe County had 16 cases of gastroschisis (1-3 per year). Ms. Elliott stated in October 2007 the Public Health Nurses reported an increase in gastrochisis referrals up to 6 this year versus 3 in previous years and a local Neonatologist reported 13 cases of gastroschisis from April – December 2007. Ms. Elliott stated there was a small increasing trend through 2005 and then the rate increased dramatically from 2005-2007, which means that any baby born in 2007 was 10 times more likely to be born with gastroschisis than any baby in the previous 15 years. Ms. Elliott stated the next step is to find why the increase is occurring. The number of infants afflicted with gastroschisis had been found to be significantly higher in Hispanic communities. Ms. Elliott stated once a cluster had been determined it needs to be investigated. Ms. Elliott stated 10 Washoe County cases have been interviewed and the next step is to meet with the Director of Renown Pregnancy Center (RPC) to indentify a comparison population in order to issue a questionnaire for parents of children without gastroschisis to try to identify if this cluster may be environmental or infectious. Ms. Elliott stated the breakdown of Washoe County cases are 60% of cases are male, 70% are Hispanic, 60% are mothers 18 years of age or younger with only 2 mothers over 30, 40% are mothers which were born in Mexico and 40% have a history of drug use. Ms. Elliott stated once the data had been completed it will be sent to the National Birth Defect Registry (NBDR) at the Centers for Disease Control and Prevention (CDC) to be pooled with their national findings and other investigations.

REPORT ON NEVADA BIRTH OUTCOMES MONITORING SYSTEM (NBOMS) INCLUDING FINDINGS ON GASTROCHISIS. BOARD DISCUSSION AND POSSIBLE ESTABLISHMENT OF A SUBCOMMITTEE TO ADDRESS

Brad Towle reported the Birth Defect Registry (BDR) is now called the Nevada Birth Outcomes Monitoring System (NBOMS) and has an active surveillance system. Mr. Towle stated the purpose of the NBOMS is to collect information on the number, rate and distribution of birth defects over time, place and different populations and to identify infants and children with defects ages 0-7. Mr. Towle stated informational letters are sent to families of children with birth defects and those families can call a family service specialist to refer them to the program in order to receive the most help, whether it is Medicaid, Nevada Check Up or Children and Youth with Special Health Care Needs (CYSHCN). Mr. Towle stated a database is being developed for birth outcome data to look at risk factors and 2007 data should be completed and available June 2008. Mr. Towle stated the NBOMS is being used in all hospitals throughout Nevada, as well as, some small birthing centers. Mr. Towle stated gastroschisis and omphalocele have the same ICD-9 code therefore combining those two disorders for data on both NBOMS and hospitals. Mr. Towle stated a national study conducted 1999-2001 showed 9.9 per 10,000 births had gastrochisis and omphalocele combined, but once separated the numbers may be very different given the increased number of gastroschisis cases. Dr. Davis moved to accept the report and Dr. Matsunaga-Kirgan seconded. **APPROVED**

REPORT ON POSTPARTUM DEPRESSION FINDINGS FROM THE MATERNAL CHILD HEALTH (MCH) CAMPAIGN AND POSSIBLE ESTABLISHMENT OF A SUBCOMMITTEE TO ADDRESS

Kyle Devine reported more women are afflicted with postpartum depression than is realized. Mr. Devine stated BFHS did not have much data on postpartum depression however the MCH campaign has contracts with 2 organizations providing prenatal care to mothers without health insurance (University Medical Center (UMC), Family Resource Center (FRC) in Las Vegas and WPC in Reno). Mr. Devine stated these organizations are required to screen for postpartum depression and the numbers reflected are from those screenings. Mr. Devine reported on several cases and stated 50-80% of women experience postpartum or baby blues which is a hormone based depression lasting up to 2 weeks after delivery; the focus of the screening is on postpartum depression lasting longer than 2 weeks. Mr. Devine stated the numbers the pregnancy centers have found is showing a depression rate

of 10% in Northern Nevada and fewer than 10% in Southern Nevada but stated in Southern Nevada there is an ethical dilemma of not having resources to provide for these women and the numbers may be under reported due to that dilemma. Mr. Devine stated there had been numerous studies on the effects on the infant of mothers with postpartum depression and have found childhood depression and psychoses much more prevalent in these infants. Mr. Devine stated the national rates are very similar to Nevada and suggests brainstorming to develop resources for these women. The Board discussed the issue. Ms. Sorenson noted SNHD is starting a nurse/family partnership program in July 2008 that could provide follow-up. Dr. Matsunaga-Kirgan stated the numbers are low as they don't show for postpartum visits. Senator Carlton moved to accept the report and Michelle Kling seconded.

APPROVED

DISCUSSION AND POSSIBLE DIRECTION OF THE POOR LEAD SCREENING IN NEVADA

Dr. Ken Zupnik stated the CDC issued new guidelines in November 2007 for health professionals regarding lead screening and levels above zero. In 2007, the level of concern is 10. Dr. Zupnik stated screening of all Medicaid recipients under the age of 6 is federally mandated but is not enforced. Dr. Zupnik stated there is a Primary Prevention subgroup of the Childhood Lead Poisoning Prevention Program (CLPPP) looking into the prevention of lead poisoning; there is no treatment for damage caused by elevated lead levels. Dr. Zupnik stated the subgroup is looking into prenatal testing due to the fact it can be stored in the mother's body for 30 years and will come out of the bone due to the hormonal changes during pregnancy and infect both mother and the unborn child. Dr. Zupnik stated legislation needs to be passed to enforce lead screenings for every child with immunizations or by making it mandatory to enter kindergarten or day care. Dr. Zupnik stated CLPPP had received a new machine which measures lead levels from a capillary blood sample which means there had to be very little needle poking involved and plans on using this for targeted low income groups and special events. Dr. Lopa Shan stated CDC had given a significant amount of money for education on lead levels and the University of Nevada School of Medicine (UNSOM) had been making a goal to screen children for lead levels at well check appointments and to educate parents on the dangers of elevated lead levels. Dr. Shan stated a study conducted by the Cooperative Extension at University of Nevada, Las Vegas (UNLV) locating children with a possibility of having elevated lead levels had found 25% of the candidates tested were found positive for elevated lead levels. Gwen Osburn stated SNHD is going to attempt, in Southern Nevada, a new mandate for daycare by going into the daycares and providing immunizations, as well as, lead screenings at the same time. Dr. Zupnik suggested periodic screenings for children aged 0-6 to see if the number of children with elevated blood levels increases with age. Dr. Zupnik stated many things, including some candies manufactured in Mexico, have higher lead levels than is allowed by the Federal Drug Administration (FDA). Denise Tanata-Ashby stated the Attorney General's (AG) office is working with Washoe County and Carson Health Department on drafting legislation to increase screening across the entire state.

UPDATE ON FETAL INFANT MORTALITY REVIEW AND PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS)

Ms. Wright stated the Child Death Review (CDR) team had requested to look back at previous birth certificate reports and a review of NRS said this is possible as long as the NSHD is involved. Ms. Wright stated Washoe County will begin work on Fetal Infant Mortality Review (FIMR) in the next fiscal year.

BOARD DISCUSSION AND APPOINTMENT OF SUSAN PITTINGER TO THE PERINATAL SUBSTANCE ABUSE PREVENTION SUBCOMMITTEE (PSAP). ALSO AN UPDATE ON FETAL ALCOHOL SPECTRUM DISORDER (FASD) TRAINING BY DR. IRA CHASNOFF AND THE FASD CLINICS

Muriel Kronowitz proposed Dr. Susan Pittinger as the newest subcommittee member pending Board approval. Ms. Kronowitz stated Dr. Chasnoff's training had been postponed and is rescheduled for March 24-26, 2008 which will include HealthAccess Washoe County and Dr. McGaw with RPC. Ms.

Kronowitz stated the 101,000 dollars to amplify the FASD clinics in Las Vegas and to jump start the Northern Nevada had been cut from the budget. Senator Carlton motioned to accept Susan Pittinger as a member of the PSAP subcommittee and T.J. Rosenberg seconded. **APPROVED**

BOARD DISCUSSION OF HOW TO BETTER MARKET THE MCH HEALTH BLOCK GRANT AND DIRECTION TO STAFF

Ms. Wright stated every year the health block grant has to have a public hearing with the Federal government and each year they discuss more publishing of the block grant to the public. Ms. Wright suggested the Board think of publication ideas for the block grant. The Board suggested using the MCH Coalition to publicize the grant.

POTENTIAL DRAFT OF BOARD LETTER TO GOVERNOR GIBBONS SHARING THEIR CONCERNS ABOUT THE BUDGET CUTS

Tabled

STAFF REPORTS AND BOARD DISCUSSION

Ms. Wright stated MCH is working on stories to profile Nevada's kids. Ms. Wright stated the Bureau of Health Planning and Statistics (BHPS) had hired the Injury Prevention Biostatistician starting February 11, 2008. Ms. Wright stated Oral Health funding runs out June 30, 2008 and is continuing to work towards getting the program refunded. Ms. Wright stated the BFHS Medical Consultant is continuing to work on the Child Care Consultant, training for Women's Heart Health and Newborn Screening Program. Ms. Wright stated the Newborn Screening program is going before the Board of Health (BOH) to increase the fee by 11 dollars to the hospitals to cover increasing laboratory fees and a fee to screen for Cystic Fibrosis. Ms. Wright stated the screenings currently do not include testing for Cystic Fibrosis and is recommended by the March of Dimes (MOD) and CDC. Ms. Wright stated the National Newborn Screening Center came to look at the state program and they stated the state did well with follow up with the Metabolic Disorders but not with Hemoglobin and Endocrine Disorders, so the Newborn Screening program will be developing clinics and consultations for those disorders. Ms. Wright stated the Newborn Hearing Screening had been doing very well with 98.2% of hospitals screening for hearing. Ms. Wright stated Early Periodic Screening, Diagnosis and Treatment (EPSDT) had found the rates have been increasing for children receiving screenings. Ms. Wright stated the Women, Infant and Children (WIC) program had 56,751 participants on the program for December and the program is working with JP Morgan on migrating the EBT system to a magnetic stripe card by the end of this year.

PUBLIC COMMENT

No public comment.

Meeting adjourned at **12:17 pm**